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BIDDULPH URBAN DISTRICT



ANNUAL REPORT

of

MEDICAL OFFICER OF HEALTH FOR 1958

Prepared by:

P. G. CANNON, M.B., Ch.B., D.P.H., D.I.H.
Medical Officer of Health for the District

and

T. E. POINTON, M.R.S.H., M.A.P.H.I.
Public Health Inspector



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TO THE CHAIRMAN AND MEMBERS OF THE BIDDULPH URBAN DISTRICT COUNCIL

I beg to submit the Annual Report for 1958.

The population increased during the year, but the annual increase of population continues to lessen. The annual increase over the last few years has been—170 in 1953, 630 in 1954, 870 in 1955, 330 in 1956, 190 in 1957, 140 in 1958. The peak was obviously in 1955. It would appear that the population of Biddulph will now remain reasonably static.

The birth rate fell considerably this year from 284 to 244 births, but it should be remembered that the birth rate for the previous year was quite exceptional. The present rate is still higher than the national rate by a slight margin.

A pleasing item was the fall in the number of still births but the number is still high compared to the national rate. Adequate ante-natal care is the most important preventive measure that can be done.

Infant deaths decreased very satisfactorily to 5 only. One of these was somewhat puzzling—due to enteritis, in which no cause was found for the condition.

Deaths in general showed a marked rise compared to previous years, but the crude death rate was similar to that of 1954. The adjusted figure is again higher than the national death rate.

Heart disease killed more people in 1958—it was the major cause of death. Cancer in general, however, continues to increase from 12.5% of deaths in 1956 and 14.8% in 1957 to 15.1% in 1958. Some of this is of course due to the fact that people are living longer and cancer in some forms affects particularly the older person.

Cancer of the lung increases annually nationally—it has been described as an epidemic. Nearly 20,000 cases (19,809 actually) died in 1958 in England and Wales of the condition. Being a small authority we would expect only a few cases. The figures for the last three years are of interest—in 1956 1.8% of all deaths were due to cancer of the lung, in 1957 1.7% and in 1958 2.4%. No doubt subsequent years will show the trend of increase more.

I am of the belief that cancer of the lung and smoking are associated, though no doubt there are additional factors as well. Smoking by young people is carried out to a ridiculous extent—in the schools, tobacco stained fingers of 14 year old males are frequently seen in your area. The County Council is of course the local health authority responsible for general publicity and health education in this matter.

When considering tobacco smoking, the subject of bronchitis immediately crops up. Bronchitis is a continual cause of deaths and was responsible in 1958 for 7.1% of all deaths in Biddulph.

Lung conditions such as bronchitis have a direct relationship to the nature of the air breathed in, hence the importance from this view point alone of the Clean Air Act, 1956. This Act was discussed again by the Council in February and March, in particular the suggested amendment to the building byelaws concerning the provision in new properties of appliances that can burn smokeless fuel—a useful measure in my opinion of reducing smoke pollution without hardship to those concerned. The byelaw was not adopted by the Council on the grounds of the freedom of the individual being restricted, and in their opinion also, the displeasing appearance of appliances for burning smokeless fuel.

Also in February and March the Council considered the purchase of an instrument to measure the degree of Air Pollution in the Urban District—the type of instrument having been suggested by the Department of

Scientific and Industrial Research. In June the Council agreed to purchase the required instrument—"A Daily Smoke Filter and Volumetric Sulphur Dioxide Apparatus."

It will be noted that two deaths occurred in 1958 in Biddulph due to home accidents—one old lady fell downstairs and one fell out of bed. The subject of home accident prevention is a difficult one, yet it is important when one realises there are more deaths due to accidents in the home than those on the road—in other words Home Safety is more important than Road Safety.

Home accident prevention work was carried out during the year by the Biddulph Home Accident Prevention Committee (set up in October, 1957). During the week 10th-15th November, films were shown at the local cinema and in all schools, to three parent teacher associations, the British Legion, the Darby and Joan Club and the Co-operative Women's Guild. A poster competition was held amongst school children and the posters received a public display, prizes and certificates of merit.

The question of notification by hospitals to the M.O.H. concerned, of all home accidents, occupied some thought during the year, for the Minister of Health has asked hospitals to do this. Its value is debatable in my opinion—our first three were a lady of 69 who trod on a rusty nail, a man of 23 who dropped a heavy object on his foot, and a lady of 61 who tripped and fell on her hand. The prevention of these three is obvious. The whole matter of home accident prevention is a most involved one, yet one must remember the fact that in the country as a whole 21 people die every day in their homes from accidental causes.

The question of improving the mortuary, to allow post mortems to be carried out, was agreed in March by the Council and with the Coroner's consent post mortems were commenced in November.

The incidence of infectious and notifiable diseases showed a marked decline in 1958, but cases of scarlet fever, measles, dysentery, pneumonia, tuberculosis and acute poliomyelitis of non paralytic type occurred.

Diphtheria immunization continued to improve compared to previous years—in 1956, 17.6% of infants were immunized, in 1957, 32.4%, in 1958, 41.3%. A figure of 75% is, however, recommended.

Vaccination against smallpox remained completely unsatisfactory—in 1956, 4% of infants were vaccinated, in 1957, 13.3%, in 1958, 11.8%. Smallpox is a disease which requires preventive inoculation, for its mortality is high and it constantly occurs. The 5 cases which occurred in England and Wales in 1958 were all only a short distance away from here.

Vaccination against poliomyelitis proceeded throughout the year, with some shortage of the injection material in the early months. No figures are available to show the numbers protected. The case of poliomyelitis in this district had not been inoculated against the disease.

Tuberculosis was again prominent in 1958, though no deaths were caused by it. Since the mortality has fallen, patients become careless and three families gave considerable trouble—in one case, due to non-attendance of a patient and her child at the Chest Clinic; in the second, due to refusal of a close contact of an infectious case to attend the Chest Clinic, and in the third, due to a patient thrice leaving hospital against medical advice.

The problem of the care of the elderly is a national one. In this area, the health department persuaded one lady of 88, in Biddulph Moor, in July, to enter hospital for residential treatment; also frequent visits were made to another old lady in Biddulph Moor whose circumstances are not satisfactory.

A new duty was laid on the medical officer of health during the year, following a report on the Council's Workmen's Sickness Pay Scheme in April—namely the medical examination of employees for admission to the scheme, and in any case where excessive or unnecessary absence is involved. During the year 14 medical examinations were carried out and 8 men found fit, 5 unfit and 1 found fit to work though not working at the time.

The question of adequate and wholesome water supplies was continually before the Council during the year, largely due to the continued and very slow installation of the new water hardening and chlorination systems. The new Biddulph Park Pump installation, and chlorination unit came into operation on 4th February and chlorination of the water supplies of the area was done solely by this unit, which was not wholly adequate for this task, for some months. The work of installing the new main chlorination unit at Elmhurst borehole was so slow that in June the Council received a report from me which stressed three things: firstly, the unsatisfactory results for some time of the bacteriological tests being carried out, which included unsatisfactory results from the actual water sources—the Elmhurst borehole and the Biddulph Park springs; secondly, the lack of adequate chlorination, and thirdly, that the Council should consider acquiring more control of the gathering grounds of their water supplies at Elmhurst, Biddulph Park, Nettlebeds and Whitemoor.

The second matter appeared to resolve itself on 24th June when chlorination was commenced at the Elmhurst borehole, but the new chlorinator, however, gave considerable trouble during the year—July and August was satisfactory but in September, October, November and December, a faulty motor valve on the chlorination injection unit prevented its working properly and chlorination had to be carried out using the Biddulph Park chlorination unit and an increased dosage by the Elmhurst unit when the attendant was on duty.

Water samples tested bacteriologically after the commencement of use of the new chlorinator proved to be very satisfactory, all samples of piped chlorinated water being sterile.

The raw supply at Nettlebeds Well in August showed contamination. This of course is un-chlorinated at source, but later mixes with chlorinated water.

Whitemoor supply is unsatisfactory and always will be in its present condition. It was suggested that a chlorinator be installed. Alternatively, a main supply could be provided—the only satisfactory solution.

The question of the control of the water gathering grounds was considered in September on a report of the Water Engineer, and the Council requested a more detailed investigation including tests on the springs.

The distribution of water to Congleton Edge, Newtown, Whitehouses and Gillow Heath was considered during the year.

In February, the Leek R.D. Council and Staffordshire C.C. were informed of the Council's intention to lay a 3" main to the Newtown area of Rushton and a tender for this work was accepted in September. Also in February it was agreed that the Congleton Edge scheme should go forward.

In April, the Minister of Housing and Local Government asked the Council what action was being taken by them in the matter of regrouping of water supplies, and was informed that the Council was willing to discuss the matter with the Staffordshire Potteries Water Board.

The question of sewerage the unsewered areas of Biddulph was considered at some length during the year.

The very poor sanitation arrangements of Biddulph Moor school was the reason for a meeting between representatives of the Education and Health Committee of the Staffordshire County Council and their officers, and representatives of the Biddulph Urban District Council and its officers on 14th November. The whole question of the sewerage of Biddulph Moor was discussed, and this discussion was continued by the Council in November and December. It was then resolved that a special meeting of the Finance Committee be held in February, 1959 to actually consider the sewerage of Biddulph Moor. The Council is undoubtedly well aware of the desirability of sewerage Biddulph Moor.

County Council matters are always of interest. The intention by them to build an infant welfare centre on the Park Lane Estate proceeded, by the conveyance of land from this Council in October.

In December, it was reported that the County Council had approved the erection of a combined Fire and Ambulance Station on the Park Lane Estate.

In the field of Education, the Biddulph Council approved the site of two new schools in Biddulph—in September, a site on the Park Lane Estate for a new County Primary School and in November, a site in Woodhouse Lane for a new Grammar School.

The question of the "green belt" was discussed in October by representatives of the Biddulph and the Staffordshire County Councils, and as a result the "green belt" was modified to allow new housing in Woodhouse Lane and in the Mill Hayes area.

The County Council declared in September a change of financial policy—namely that in future there would be a charge for the examination of samples, e.g., water, sewerage. This will have little effect on this Council.

The subject of a Health Centre for Biddulph caused considerable local interest towards the end of the year. The Council reserved in October a site for this purpose on the Park Lane Estate, although aware of the fact that the local general practitioners were not prepared to use it.

The subject of sport occupied the Council in two ways in 1958. The lack of suitable playing fields has been apparent for some time and a petition received by the Council in September on this matter received the reply that the matter had been under consideration for some time. The question of founding a swimming pool was considered in October and November, but no decision was taken. Both the subjects obviously are well worth acquiring, but the financial burden would appear to be heavy.

Industry was in the mind of the Council in December when 14 acres of land with a possible additional 12 acres was approved as a proposed Industrial Estate. Attracting other industry to Biddulph has been accepted by the Council as highly desirable.

Biddulph Urban District was, in 1957, the only authority in Staffordshire which did not give housing improvement grants. In November, 1958, however, the Health Committee request, that the Council should consider making improvement grants, was discussed, but a decision deferred for 2 months. New Parliamentary legislation will mean, in any case, that improvement grants will be made in 1959.

One subject deserving mention in the 1958 report is the considerable action of the Council in opposing a proposed open cast coal site in the pleasant rural area immediately adjoining Biddulph. The opposition attained was successful.

Legislation of interest during 1958 was the Agriculture (Safety, Health and Welfare Provisions) Act, 1956, which laid down duties of local authorities in connection with the provision of sanitary conveniences on farms where agricultural workers are employed.

Delegation from the Staffordshire County Council of Health and Welfare Functions under the Local Government Act, 1958, was not requested. This would have been granted only in exceptional conditions under the Act.

Further legislation on the Clean Air Act, 1956, and a considerable mass of legislation on slaughterhouses also appeared in 1958. One industrial premises in Biddulph was granted in July, temporary exemption from the Clean Air Act for 12 months.

I would like, on concluding this report, to express my appreciation for the very capable and willing help given me during the year by your Public Health Inspector, including the preparation of Sections D, E and F of this report.

P. G. CANNON, M.B., Ch.B., D.P.H., D.I.H.

SECTION A

General Statistics

	1958	1957
Area (in acres)	6,647	6,647
Registrar General's mid-year estimate of home population (all ages)	13,300	13,160
Number of inhabited houses in the Rate Book at 1st April, 1958	4,157	4,123
Number of persons per acre	2.00	1.98
Rateable value at 1st April, 1958	£82,090	£78,941
Sum represented by a penny rate (estimated) for financial year 1958/59	£341.741	£326.485

Vital Statistics

	Male	Female	Total
Live Births	132	112	244
(Illegitimate births)	(3)	(4)	(7)
Live birth rate per 1,000 population =	18.3		
Adjusted birth rate =	17.2 (comparability factor 0.94)		
Birth Rate (England and Wales) =	16.4 (the highest rate since 1949).		

Note on Adjusted Birth Rate

Local birth rates are usually expressed in terms of population. These populations are estimated by the Registrar General and comprise persons of all ages, including many who quite obviously have no influence on the reproductive process. These latter do, however, effect the birth rate in that a preponderance of them in the population of an area tends to lower, and a small proportion of them to raise, the true rate. Considerable variation in the size of this proportion exists in different areas and it is therefore apparent that the elimination of standardisation of such a factor enables a truer comparison between areas.

A result on these lines is obtained through the issue by the Registrar General of a comparability factor for each area for use with birth rates. The adjusted birth rate resulting from the multiplication of the crude birth rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales.

	Male	Female	Total
Still births	6	3	9
(Illegitimate)	(-)	(1)	(1)
Still birth rate per 1,000 live and still births =	35.6		
Still birth rate (England and Wales) =	21.6		

	Male	Female	Total
Total live and still births	138	115	253
(Illegitimate)	(3)	(5)	(8)

NOTE—The number of still births does not alter greatly nationally over the years. The average is about 25 per 1,000 live births. The main cause is probably difficult labour, and prevention is by adequate ante-natal care.

	Male	Female	Total
Infant deaths (deaths under 1 year of age) ...	4	1	5
(Illegitimate)	(-)	(-)	(-)
Infant mortality rate per 1,000 live births—Total		= 20.5	
Infant mortality rate per 1,000 live births—Legitimate		= 21.1	
Infant mortality rate per 1,000 live births—Illegitimate		= 0	
Infant mortality rate (England and Wales)		= 22.5	
(the lowest annual rate ever recorded for this Country).			

	Male	Female	Total
Neonatal mortality (deaths under 4 weeks of age)	2	1	3
(Illegitimate)	(-)	(-)	(-)
Neonatal mortality rate per 1,000 live births =	12.3		
(first four weeks)			
Neonatal mortality rate (England and Wales) =	16.2		
Early neo-natal mortality rate (first week) per 1,000 live births =	12.3		
Perinatal mortality rate (still births plus deaths during the first week) per 1,000 total live and still births		= 47.4	
Illegitimate live births per cent. of total live births		= 2.9	
Illegitimate live births per cent. of total live births (England and Wales)		= 4.9	
Maternal deaths (including abortion)		= 0	
Maternal mortality rate per 1,000 live and still births		= 0	
Maternal mortality rate (England and Wales)		= 0.43	

	Male	Female	Total
Deaths—all ages	67	59	126
Death rate per 1,000 estimated population =	9.5		
Adjusted death rate =	13.4 (comparability factor 1.41)		

NOTE—This comparability factor is obtained and used, on a similar principle to that for comparability for births.

Death rate (England and Wales) = 11.7

VITAL STATISTICS

DEATHS FROM ALL CAUSES, 1958

	Male	Female	Total
Malignant neoplasm, stomach	2	2	4
Malignant neoplasm, lung, bronchus	3	—	3
Malignant neoplasm, uterus	—	1	1
Other malignant and lymphatic neoplasms	6	5	11
Diabetes	1	2	3
Vascular lesions of nervous system	10	7	17
Coronary disease, angina	15	8	23
Hypertension with heart disease	1	2	3
Other heart disease	6	11	17
Other circulatory disease	2	2	4
Pneumonia	—	1	1
Bronchitis	4	5	9
Other diseases of respiratory system	3	2	5
Ulcer of stomach and duodenum	2	—	2
Gastritis, enteritis and diarrhoea	1	—	1
Nephritis and nephrosis	1	—	1
Hyperplasia of prostate	2	—	2
Congenital malformations	1	—	1
Other defined and ill-defined diseases	4	8	12
Motor vehicle accidents	—	1	1
All other accidents	2	2	4
Suicide	1	—	1
	67	59	126

NOTE ON CAUSES OF DEATH

Malignant disease (cancer). 19 deaths were due to this, i.e. 15.1% of all deaths (14.8% in 1957, 12.5% in 1956). Cancer of the lung killed 3 men, i.e. 15.8% of all cancer deaths and 2.4% of all deaths. (These last two figures were in 1957, 11.8% and 1.7% and in 1956, 14.3% and 1.8%).

Heart disease—This caused 43 deaths, mainly in old people, i.e. 34.1% of all deaths.

Bronchitis—7.1% of all deaths were caused by this disease (9 deaths).

Gastritis, enteritis and diarrhoea—The one death was in a male aged seven weeks only, who was admitted to Bucknall Hospital and died in September.

ACCIDENTAL DEATHS, 1958

Motor vehicle accidents—The one death was in a female, aged 65, who was knocked down by a motor car.

Industrial accidents—The two deaths were in males, one aged 29 years who died from injuries received at Chatterley Whitfield Colliery as the result of a roof fall, and one aged 27 years due to electrocution at Cowlshaw, Walker & Co.

Home accidents—The two deaths were in females aged 66 and 79 years. Both were due to injuries received as a result of falls, one downstairs and one out of bed.

Suicide—The one death was a male aged 33 years in which the cause of death was Carbon Monoxide poisoning from motor car exhaust fumes.

INFANTILE MORTALITY, 1958—Deaths under 1 year of age

Male—4 days	Pneumonia Subtentorial haemorrhage Haemorrhage disease of newborn
Male—3 months	Meningitis Infected meningocoele
Male—7 weeks	Marasmus Enteritis
Female—7 hours	Bronchopneumonia
Male—2 hours	Immaturity 26 weeks gestation

NOTE—Causes of Prematurity. The incidence of premature births shows considerable local variation, ranging from 5—11% of total live births. Its causes include multiple pregnancy, chronic disease in the mother, untimely separation of the placenta and deformity of the foetus—conditions not easily prevented.

Comparative Statistics

	1953	1954	1955	1956	1957	1958
Population	11,140	11,770	12,640	12,970	13,160	13,300
No. of inhabited houses	3,383	3,860	3,973	4,074	4,123	4,157
No. of live births	174	194	236	257	284	244
Birth rate (crude)	15.62	16.48	18.7	19.8	21.6	18.3
No. of stillbirths	4	11	9	6	12	9
Maternal mortality	—	—	—	—	—	—
No. of infant deaths ...	5	5	14	5	12	5
Infantile mortality rate ..	29	26	59	19.5	42.3	20.5
No. of deaths (all ages)	97	112	114	112	115	126
Death rate (crude)	8.71	9.51	9.01	8.6	8.7	9.5

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Public Health Officers of the Local Authority:

1. P. G. CANNON, M.B., Ch.B., D.P.H., D.I.H., Medical Officer of Health.
2. THOMAS E. POINTON, M.R.S.H., M.A.P.H.I., Public Health Inspector.

The Urban District Council is the sanitary authority responsible for the environmental services. It delegates to its Health Committee "Authority and power to institute any proceedings or to do any act which the Council might have instituted or done for the suppression of nuisances and the safeguarding of public health but not the raising of any loans or the making of any rate or contract."

The following additional committees are responsible in one form or another with matters of public health: Water, Housing and Planning, and Buildings.

The local authority has no major responsibilities under the National Health Service Act, 1946. The sanitary administration of the district has not been altered by it. The County Council is both Local Health and Local Sanitary Authority as well as Local Education Authority. It has assumed new and diverse responsibilities under the Act. It is responsible for the following services: maternity and child welfare, domiciliary midwifery, vaccination and immunisation, an ambulance service, a health visiting service, the administration of the Mental Services, "care and after care" and the provision of home nursing and "home helps." Section 21 of the Act imposes on the County Council the duty of providing Health Centres.

The following are the principal services provided by the County Council and utilised by the inhabitants of the Urban District.

1. Ambulance Services (Section 27)

There are two vehicles—one ambulance and one sitting car—and a staff of four consisting of an ambulance officer and three drivers. The local ambulance station is situated on Council premises which have been made available for the use of the Local Health Authority.

2. Laboratory Facilities (Part, Section 26)

Biddulph is served by the Public Health Laboratory Service, Stafford. This is directed by the Medical Research Council for the Ministry of Health. It is a component of a free national laboratory service for England and Wales. The work of the Laboratory is designed to assist the Medical Officer of Health and the general practitioners in the diagnosis, prevention and control of communicable diseases. Its activities include the examination of

throat and nose swabs, sputum, blood and excreta of human origin as aids to diagnosis of suspected and actual infectious diseases. Its sanitary work includes mainly the bacteriological examination of drinking water and sewage, the sampling of milk for cleanliness and for the presence of the tubercle bacillus and other pathogenic organisms, and the sampling of ice cream, synthetic cream, and shellfish as distributed to the user or consumer. Its staff is available to participate in the investigation of outbreaks of infectious disease in the area which it serves with the general aim of preventing or controlling disease.

During 1958 the laboratory service investigated 61 specimens of sputum submitted for examination for the tubercle bacillus. All the specimens were examined by direct microscopy and 11 were positive to this test. 48 were submitted to examination by cultural methods, and 2 of these were positive for tubercle bacilli. 59 of these sputum specimens were sent by the chest clinic and 2 by a general practitioner. Both the latter specimens were negative on direct examination and were not cultured.

The laboratory examined, during 1958, 9 specimens of faeces, for the possible presence of poliomyelitis virus, in contacts of the disease. All were found to be negative.

17 faeces specimens from food poisoning suspects and follow-up cases were also examined. 3 were positive for *Shigella sonnei* and one was positive for *Staphylococcus aureus*.

One nasal and two throat swabs were examined in 1958 for this area—in contacts of scarlet fever cases. All were negative.

The laboratory continues to report on the results of biological tests for tuberculosis in samples of milk submitted to it by the County Council and sold retail in the Urban District. 67 such samples were examined in 1958, and none was found to be positive for tubercle bacilli. All the samples were ordinary tuberculin tested milk. This is the fifth successive year, and among 355 samples, that no positive samples of milk have been recorded. This is a measure of the improved conditions of milk production and herds. The County Council Milk Sampling Officer also submitted to the laboratory during the year 208 samples for bacteriological examination. 51 of these were submitted to the phosphatase test—a test for pasteurisation—and all passed. 24 were given the turbidity test—a test done on milk sold as sterilised milk—and all passed. 181 samples were submitted to the methylene blue test—a test for bacterial presence, which measures the cleanliness of the milk. 2 samples—both tuberculin-tested type—failed to pass this test. The proportion of failures was therefore 1.1% compared to 6.1% in 1957, 4.7% in 1956, 9.2% in 1955 and 16% in 1954.

A Table showing these results is on Page 13.

The position regarding milk supply has to be constantly watched, though there undoubtedly has been a great improvement over the years.

The laboratory distributes in the prevention of disease, diphtheria prophylactic, and calf lymph for smallpox vaccination. It makes available measles prophylactic for the passive immunisation of contacts and distributes outfits for the collection of pathological material.

A stock of diphtheria and whooping cough prophylactic and poliomyelitis vaccine is kept in the Council Office at Biddulph for the convenience of the general practitioners.

3. Maternity, Home Nursing and Domestic Help Services (Sections 23, 25 and 29)

There are now two district nurse midwives, also two wholetime midwives.

The Leek Area Health Committee, under Section 29, is responsible for the appointment of domestic helps (home helps). Their function is to give assistance in the home during the incapacity of a wife or mother and they do not undertake any nursing duties.

The County Council is responsible, as before, for the other special health services, viz.: Maternity and Child Welfare and the School Medical Service. There are three Health Visitors for the supervision of nursing mothers and school children. All have, in addition, duties under the direction of the Tuberculosis Officer (Chest Physician), which involve the supervision of families with tuberculosis and the tracing and following up of all contacts with a case of active tuberculosis.

4. Hospitals

The following hospitals are available for various forms of treatment: general, acute and chronic, sanatoria, mental and infectious diseases—Bucknall Hospital, North Staffs. Royal Infirmary, Haywood Hospital, Orthopaedic Hospital, Hartshill, Congleton War Memorial Hospital Longton Cottage Hospital, City General Hospital, Stoke-on-Trent, Moorlands Hospital, Leek, Cheadle Hospital, Westcliffe Hospital, Chell, Groundsflow Sanatorium and Cheshire Joint Sanatorium at Loggerheads near Market Drayton, St. Edward's Hospital, Leek, Biddulph Grange Orthopaedic Hospital, Lyme-wood Hospital, Newcastle and Stanfield Hospital, Burslem. All except Congleton War Memorial Hospital are administered by the Birmingham Regional Hospital Board through the local Area Management Committees. Congleton War Memorial Hospital is administered by Manchester Regional Hospital Board. Geographical hospital boundaries have thus been greatly widened by the Regional arrangements under the Act and as far as this district is concerned, have made the problem of finding hospital accommodation for the acutely sick a little less difficult than in many parts of the country. The problem of the disposal of the chronic sick has increased.

Maternity cases, in an emergency, are received at the City General Hospital, Stoke-on-Trent. Part of the maternity wing of the Haywood Hospital is now available for normal cases without charge, and part is still on a fee-paying basis (private beds). The majority of normal cases enter the Limes Maternity Hospital, Stoke-on-Trent.

5. Mortuary

The Council's mortuary is situated in Wharf Road. Essential equipment is provided by the local authority and a mortuary attendant is available when required. The mortuary was used on 11 occasions during 1958, and 4 post mortems were carried out.

**MILK SAMPLING—1958, by COUNTY MILK SAMPLING OFFICER
BIDDULPH U.D.**

	Total	Methylene Satis.	Blue Unsatis.	Phosphatase		Turbidity		Examined for T.B.	
				Pass	Fail	Pass	Fail	Negative	Positive
Undesignated	—	—	—	—	—	—	—	—	—
Tuberculin Tested	132	130	2	—	—	—	—	67	—
T.T. Pasteurised	35	32	*	35	—	—	—	—	—
Pasteurised	17	17	—	16	*	—	—	—	—
Sterilised	24	—	—	—	—	24	—	—	—
Total	208	179	2	51	—	24	—	67	—

T.T. PASTEURISED * 3 void, due to high atmospheric shade temperature on date sampled (over 65°F).
PASTEURISED * 1 void, due to high atmospheric shade temperature on date sampled.

SECTION C

Prevalence of and control over infectious and other diseases

The prevalence of notifiable infectious disease during the year showed a marked fall compared to the previous year.

The number of confirmed notifications of infectious disease in 1958 was 70 compared to 283 in 1957 and 169 in 1956.

The cause of the lower figure was the decrease of Measles cases from 218 in 1957 to 23 in 1958.

A table showing the notifications of infectious diseases during 1958- appears in the report on page 19.

Biddulph is fortunate in that the Infectious Disease Isolation Hospital for the area is at Bucknall—a comparatively short distance away.

This receives all types of infectious disease apart from smallpox, which is treated elsewhere. The Hospital is administered by the Stoke-on-Trent Hospital Management Committee. Admission is arranged directly by the local general practitioners and transport is provided by the local Ambulance Service.

The Ministry of Health and Ministry of Education memorandum on the exclusion from school on account of infectious illness, appears on page 20.

SCARLET FEVER

This disease increased in 1958—23 cases occurring compared to 12 in 1957. The cases were notified in increasing numbers during the four quarters—1 in the first quarter, 4 in the second quarter, 6 in the third quarter, and 12 in the fourth quarter.

Two cases were aged 12 years, but all the others were in the age group of 2—9 years.

Nose and throat swabs were taken by me from 2 persons who were contacts of cases, and both persons were excluded from work—as waitress in one case and assistant cook in the other—until the swabs proved to be negative.

Four cases only were admitted to Bucknall Hospital—in one case two other children were in the same house, in another three, in the third seven other children in the house. The reason for admission of the fourth case, a boy aged 5 years, is not known. Normally overcrowding is the usual reason for admission to hospital.

The disease in general was very mild.

WHOOPIING COUGH

It is interesting to note that not a single case of this disease was notified during the year. This continues the trend of the last few years—in 1955, 58 cases; 1956, 19 cases; 1957, 6 cases. Could this be due to immunisation against the disease?

Unfortunately exact figures are not available which would give the percentage of children immunised, due to pressure of work of the Area Health Office.

I am convinced, however, that mothers should have their children immunised against the disease. There is no doubt that such immunisation lessens the effect of the illness, making it difficult to diagnose in many cases. The children can be immunised by the general practitioners, or at the Welfare Clinic. The course is of three injections, one each month, commencing at the age of 3 months. A booster dose should be given at the age of two years. No ill-effects occur.

ACUTE POLIOMYELITIS

One case only, of non-paralytic type, was notified during the year—a boy of 2 years in early July. This child was admitted to Bucknall Hospital as a suspected case of "meningitis" by the general practitioner concerned.

The faeces of the 9 contacts were examined and found free of the poliomyelitis virus. These sporadic cases do occur for no apparent reason, but obviously the child must have been recently exposed to the virus. The housing conditions were deplorable in this case—four adults and three children occupying a very small caravan. Steps were taken to reduce the overcrowding.

The general population—certain groups—were offered immunisation against the disease—during the year, and this was carried out by general practitioners and county council staff.

MEASLES

This is a seasonal disease, as is well shown when it is recalled that in 1955 165 cases occurred; in 1956, 99; in 1957, 218 cases; and in 1958, only 23. The disease affects the susceptible age group, and then ceases apart from sporadic cases. No cases occurred in the first six months of the year, 3 only in the third quarter, and 20 in the last quarter.

The usual age group was affected—from 2-10 years—and 19 of the 23 cases were in the group of 5-9 years.

The disease was relatively mild.

All cases were treated at home.

DIPHTHERIA

This has again given no cases in Biddulph. A total of 79 cases occurred in England and Wales, however, of whom 8 died. The elimination of this disease is dependent on complete immunisation of the childhood population. Parents should be fully aware of their duty to have the children immunised in infancy. The state of immunity is achieved by two injections with one month between, and should be commenced at seven months of age. A booster dose should be given at age 5 years, and it is desirable to give further boosters during school life. The School Health Service in Staffordshire at present gives three reinforcing injections at ages 5, 8 and 11 years.

The general practitioners or the welfare clinic are available to immunise children. Until recently immunisation was done against diphtheria and whooping cough by a course of only three injections, using special combined material. It is also possible to add protection against tetanus to the same material. It was, however, found that this combined material was more likely to produce paralysis if a child were in the early stages of poliomyelitis when injected, than by the use of the separate material.

During the year 148 children of pre-school age (109 under 1 year) and 8 of school age received primary immunisation. 31 children between one and 14 years of age (13 aged one to four years), received reinforcing dosage. 244 births, however, occurred in 1958 and 284 in 1957. It would appear therefore, that the immunisation rate in Biddulph is low, 41.3% approximately, and that parents are not having their children immunised as they should do.

DYSENTERY

One case only—in a female of 47 years—was notified during the year, in May. It was of Sonne type. Faeces specimens of the 2 immediate contacts were examined but found free of the organism.

ACUTE PNEUMONIA

There was a slight reduction in the number of cases compared to the previous year—11 cases compared to 14 in 1957. The cases were scattered in age groups—from 9 years to 68 years.

One of acute influenzal type in a female of 44 was admitted for treatment to Congleton War Memorial Hospital.

SMALLPOX

Five cases of smallpox occurred in England and Wales in 1958, of whom 1 died. This should remind the general population that vaccination against this disease should be carried out, particularly when it is realised that these cases occurred at Bebington M.B.—only a short distance away.

In Biddulph, 47 persons were vaccinated during the year for the first time—29 under 1 year, 6 of 1 year, 6 of 2-4, 3 of age 5-14 and 3 of 15 or over. This gives a figure of vaccination of approximately 11.9%—an improvement on the 4% in 1956, but even less than the 13.3% in 1957. The vaccination level of the population in Biddulph is very, very poor. During the year 9 re-vaccinations were done—1 of age 5-14 and 8 of age 15 or over.

I am indebted to Dr. E. H. Tomlin, Area Medical Officer, for the figures relating to local diphtheria immunisation, and smallpox vaccination.

The suggested programme for immunisation against diphtheria and whooping cough and vaccination against smallpox is: whooping cough immunisation injections at age 3, 4 and 5 months; vaccination against smallpox at age 1, 2 or 6 months of age, then immunisation injections against diphtheria at age 7 and 8 months.

Vaccination is carried out only by the general practitioners in Biddulph, at present, although I have asked the County Medical Officer of Health to carry it out in the Infant Welfare Clinic, as the present position is most unsatisfactory, in my opinion.

FOOD POISONING

It is pleasing to record that not one case of confirmed food poisoning was notified in 1958.

Six cases were notified due to symptoms like food poisoning, but none were confirmed—1 in first quarter, 2 in second quarter, and 3 in third quarter.

The two in April were a mother, and son aged 4 years. The three in August were all children of the same family.

TUBERCULOSIS

The year commenced with a total of 92 persons on the Register, and a further 16 persons were added during the year—of these, 11 were new cases, and one a recurrence of the disease in a person thought to have been previously cured. It was possible to remove 11 names from the Register so that a total number of 97 persons were on the Register at the end of 1958. 9 of these were infectious—having a positive sputum.

The new cases are always of interest. Two were of the "bone and joint" type of tuberculosis which is caused usually by drinking milk containing tubercle bacilli—in one the spine was affected, and in the other a sacroiliac joint. Both were "legally" our cases, but really belonged to Stoke-on-Trent. There would be very few of these cases if all milk were pasteurised or sterilised—which process destroys the tubercle bacilli. Ordinary T.T. milk is not as safe as pasteurised or sterilised milk.

The other nine cases were of pulmonary type. The ages were:—

Males—22, 33, 63 and 80 years.

Females—18, 19, 37, 39 and 42 years.

Two of these had sputum directly positive for tubercle bacilli.

Over the last four years the number of new cases has been—1955, 10; 1956, 6; 1957, 16; 1958, 11. The proportion of cases in Biddulph is now 7.5% per 1,000 of the population, a relatively high figure.

The health visitors provided in the year 52 progress reports on tuberculous patients already on the register and 8 reports upon environmental conditions in patients first diagnosed in 1958, or late 1957.

Progress reports should be submitted on every patient each 6 months and an environmental report is required on each new patient, so that contacts can be brought in for examination.

ANTHRAX

Under the Anthrax Order, 1938, one farm was declared an infected place in February, due to the presence of an Ayrshire cow suspected to have Anthrax. The disease was not confirmed by the veterinary inspector.

Various cases, apart from those previously mentioned were admitted to Bucknall Hospital during the year:—

(a) GASTRO ENTERITIS

7 cases of this condition were admitted:—

(i) 3 were unconfirmed and gave no symptoms while in hospital, the diagnosis being dietary in causation.

(ii) Two cases were found to be due to the same organism—*B. coli* 0127. One of these cases was transferred to Bucknall Hospital from the Biddulph Grange Orthopaedic Hospital.

(iii) One female of 10 months was found to have infection due to *Salmonella heidelberg*. This child came from a home with very poor amenities.

(iv) A male of 4 weeks was admitted in August and died 20 days after admission. The cause of this death was unknown, since treatment had cured the diarrhoea. A post mortem was refused by the relatives. The child had never attended the local welfare clinic.

(b) GLANDULAR FEVER

This disease was confirmed in a girl of 16 years, admitted as a case of tonsillitis.

One child of 11 years sent in as a case of glandular fever was found to have tonsillitis only.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1958

		Scarlet Fever		Whooping Cough		Acute Poliomyelitis				Measles (excluding rubella)		Diphtheria		Dysentery		Meningo-coccal infection	
						Paralytic		Non-Par,									
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified		17	6	—	—	—	—	1	—	15	8	—	—	—	1	—	—
Total (All Ages)		17	6	—	—	—	—	1	—	15	8	—	—	—	1	—	—
Final numbers after correction																	
Under 1 year																	
1—																	
2—			1					1			1						
3—		4									1						
4—		1	1								1						
5—9		11	3							15	4						
10—14		1	1								1						
15—24															1		
25 and over																	
Age unknown																	
Total (All Ages)		17	6	—	—	—	—	1	—	15	8	—	—	—	1	—	—
		Acc. Pneumonia		Smallpox		Acute Encephalitis				Enteric or Typhoid Fever		Paratyphoid Fevers		Erysipelas		Food Poisoning	
						Infective		Post-infectious									
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified		5	6	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Total (All Ages)		5	6	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Final numbers after correction																	
Under 5 years																	
5—14 years		1															
15—44		3	3														
45—64		1	2														
65 and over			1														
Age unknown																	
Total (All Ages)		5	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Tuberculosis												Other Notifiable Diseases			
		Respiratory		Meninges and C.N.S.		Other								Original		Final	
		M	F	M	F	M	F							M	F	M	F
Numbers originally notified		4	5	—	—	1	1										
Total (All Ages)		4	5	—	—	1	1										
Final numbers after correction																	
Under 5 years																	
5—14 years																	
15—24		1	2			1	1										
25—44		1	3														
45—64		1															
65 and over		1															
Age unknown																	
Total (All Ages)		4	5	—	—	1	1										
														Puerperal Pyrexia			
														—	—	—	—
														Opthalmia Neonatorum			
														—	—	—	—

INCUBATION AND EXCLUSION PERIODS OF THE COMMONER INFECTIOUS DISEASES FOR SCHOOL CHILDREN AND SCHOOL STAFF.

PERIOD OF EXCLUSION

Usual incubation period (days)		Interval between onset and appearance of rash days	PATIENTS	Contacts, i.e. the other members of the family or household living together as a family, that is, in one tenement.
Scarlet Fever (and streptococcal sore throat) (Variants of the same disease)	2—5	1—2	3 weeks, plus 7 days after discharge from hospital or from home isolation. (Unless 'cold in the head,' discharge from the nose or ear, sore throat, or septic spots be present, which condition must be cured before return to school).	Children—no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
Diphtheria	2—5	—	Until pronounced by a medical practitioner to be fit and free from infection.	At least 7 days. Return to school should not be permitted until bacteriological examination has proved negative.
Measles	10—15	3—4	10 days after the appearance of the rash if child appears well.	Children under 5 years of age should be excluded for 14 days from the date of the appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
German Measles	14—21	0—2	7 days from the appearance of the rash.	None.
Whooping Cough	7—10	—	28 days from the beginning of the characteristic cough.	Children under 7 years of age should be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.
Mumps	12—28	—	7 days from the subsidence of all swelling.	None.
Chickenpox	11—21	0—2	14 days from the date of appearance of the rash.	None.
Poliomyelitis	7—14	—	(At least 6 weeks.)	
Encephalitis	4—30	—	(Will usually require a)	At least 21 days.
Meningococcal Infection	2—10	—	(much longer period for)	
Alimentary Infections (Enteric fever, dysentery, food poisoning).	—	—	Until declared fit by Medical Officer of Health or 6 negative stools for enteric and 3 negative stools for dysentery and food poisoning.	Contacts who have positive stools, though no illness, should be excluded until stools negative (3 specimens).

NOTE.—Staff who develop or are in contact with Staphylococcal Infections likely to cause food poisoning, e.g. septic infections of the hands, forearms and face, should be immediately suspended from duty and not permitted to resume work until the Medical Officer of Health has stated that it is reasonably safe for them to do so.

TUBERCULOSIS, 1958

	MALE		FEMALE		TOTAL
	Pul-monary	Non-Pul-monary	Pul-monary	Non-Pul-monary	
Number of cases on Register at 31.12.57 ...	36	1	45	10	92
Number of cases added during the year ...	7	1	6	2	16
Number of cases removed during the year ...	6	—	4	1	11
Number of cases on Register at 31.12.58 ...	37	2	47	11	97
Cases added to the Register: New notifications 11 Inward transfers 4 Restored to Register 1 Cases removed from the Register: Recovered 3 Died 1 Removed to other areas ... 6 Diagnosis not confirmed 1					
Total ... 16	Total ... 11				

SECTION D

Water Supplies.

The three sources of supply, namely Elmhurst Borehole, Biddulph Park Springs and Nettlebeds Well, have continued to maintain their normal high quality yield throughout the year supplying the following quantities of water for distribution through the Council's mains.

	Total for 1958	Per day
From Elmhurst Borehole to Biddulph Park Reservoir ...	82,290	226
From Elmhurst Borehole to Biddulph Moor Reservoir	21,048	58
From Biddulph Park Springs to Biddulph Park Reservoir	39,939	110
From Nettlebeds Well to Biddulph Moor Reservoir ...	7,514	21
	150,791	415

The water from all three sources, with the completion during the year of the pumping station at Biddulph Park, is now conveyed, chemically purified and metered by automatic electrical equipment to the enclosed reservoirs at Biddulph Moor and Biddulph Park. The risk of pollution from external sources is substantially eliminated.

The completion of the new 6ins. main from Robin Hill to Knypersley has eased supply problems in the Park Lane Area.

Further new mains have been laid to afford supply to new housing development in the Woodhouse Lane and Conway Road areas and further extensions to new and existing properties in these and in the Mill Hayes Road, Tower Hill Road and Congleton Edge areas are anticipated during the coming year. Renewal of existing mains serving Well Street and Knypersley Hall during 1959 will improve the supply afforded to these districts.

At present 4,096 houses comprising 98.5% of the population have a piped supply direct to the premises, with 61 houses having no piped supply.

MONTHLY YIELD OF WATER SUPPLIES AT SOURCE (1958)

(per 24 hours)

	Elmhurst Borehole	Biddulph Park Springs	Nettlebeds Well
January	257,000 galls.	102,000 galls.	16,000 galls.
February	258,000 „	115,000 „	35,000 „
March	291,000 „	127,000 „	27,000 „
April	306,000 „	124,000 „	27,000 „
May	313,000 „	119,000 „	27,000 „
June	302,000 „	117,000 „	17,000 „
July	287,000 „	120,000 „	18,000 „
August	282,000 „	116,000 „	20,000 „
September	348,000 „	123,000 „	19,000 „
October	330,000 „	121,000 „	20,000 „
November	319,000 „	116,000 „	19,000 „
December	327,000 „	119,000 „	22,000 „

The total water drawn from the above sources during the year—150,791,000 gallons.

Number of metered supplies—274.

Total water supplied by meter—21,754,900 gallons.

Overall consumption per head per day—31.4 gallons.

Overall consumption (non-metered supplies only) per head per day—26.9 gallons.

SAMPLES—WATER SUPPLIES

Source	Bact.	Chem.	Remarks
Biddulph Park Springs	7	1	2 unsatisfactory
Elmhurst Borehole	7	1	3 unsatisfactory
Nettlebeds Well	2	—	1 unsatisfactory
Piped Supplies—			
Biddulph Park Supply	11	1	2 bacteriological— unsatisfactory
Biddulph Moor Supply	5	—	Satisfactory
Whitemoor Supply	4	—	3 bacteriological— unsatisfactory
Private Supplies	2	1	Unsatisfactory

SEWERAGE AND SEWAGE DISPOSAL

(a) Sewage Works

The sewage works have in general been operating normally during the year and a satisfactory effluent maintained with no complaint of pollution. The sludge disposal position, whilst always a matter of some difficulty, has been eased somewhat by a fairly considerable area of land being made available on which the sludge can be spread. It is hoped that this arrangement will hold good for the next few years.

(b) Sewerage generally

Further consideration was given during the year to the means of eliminating pollution and installing water carriage systems in the Biddulph Moor, Biddulph Park and Knypersley areas. There is a good prospect that positive action in the form of sewerage schemes will be possible in these areas in the forthcoming year.

(c) Conversion Scheme

The Council's conversion scheme, commenced in 1951, for the conversion of approximately 700 pail closets and privies to water closets, was completed during the year.

The Council had under consideration the sewerage of the Biddulph Moor area, which when carried out, will enable further conversions of pail closets, &c., to be carried out and thus provide modern sanitary conveniences to properties which have been denied them for so long in the past.

Septic Tanks, Cesspools, &c.

Since the purchase in October, 1956, of the Gully/Cesspool emptier it has been possible to give a regular and hygienic emptying service to properties not connected to the main sewers of the district. There are about 100 such installations and the sewerage of the Biddulph Moor area will enable quite a number of them to be abolished when the house drains are connected to the new sewers.

CLOSET ACCOMMODATION

Number of houses served by water closets	3,712
Number of houses served by privies	16
Number of houses served by privy pails	429
Particulars of conversions made during the year:—	
Pails converted to water closets	2
Privies converted to water closets	—

PUBLIC CONVENIENCES.

The new public conveniences for males and females situated in Wharf Road, which were opened in 1957, continued to suffer wilful damage by irresponsible persons. This is to be regretted when the Council, at considerable cost, provide facilities which are well up to modern standards.

It is a difficult matter to prevent this damage, which appears to be common to many towns throughout the country, it can only be hoped that the co operation of the responsible public will be forthcoming to help eliminate such vandalism.

REFUSE COLLECTION AND DISPOSAL.

The collection and disposal of house refuse is carried out by direct labour, two vehicles being used for the purpose, one a 10 cubic yard side loading lorry engaged full time and a second vehicle used for two days per week.

A weekly service of refuse collection is given to all parts of the district except for a few properties in the outlying areas which receive a fortnightly service. Nightsoil is collected weekly by the gully-cesspool emptying machine and is disposed of at the sewage works.

House refuse is disposed of by controlled tipping at Black Bull.

SALVAGE.

The Council continued the collection of waste paper, etc., a trailer being used for the purpose. The tonnage of previous years was maintained and the Council's bonus scheme for salvage was continued.

Income from salvage for the year was as follows:—

	£	s.	d.
Wast paper, etc.—195 tons 6 cwts.	1,550	9	7
Miscellaneous	67	8	0
	1,617	17	7

SANITARY INSPECTION OF THE AREA

The following is a summary of the principal work undertaken under the Public Health Act, etc., during the year. 82 complaints were received and investigated. 22 Preliminary Notices and 6 Statutory Notices were served.

Inspections made with respect to	Number of Inspections	Nuisances or defects reported	Re-visits made	Nuisances or defects remedied
P.H.A.—				
Housing and other defects	80	67	125	38
Water supply	27	—	—	—
Drains—				
Inspected or tested	70	—	190	—
Conversion Scheme ...	20	—	33	—
Watercourses, ditches, etc.	47	—	—	—
Sewers	33	23	10	23
Keeping of Animals ...	6	—	—	—
Caravans	36	—	—	—
Miscellaneous	113	—	—	—

Other visits:—

Respecting infectious diseases and disinfection	44
Respecting refuse and nightsoil collection	183
Respecting salvage	11
Miscellaneous visits	93
Interviews—owners and tradesmen	29

TENTS, VANS AND SHEDS

There are no licensed sites in the area, but one licence was issued to station a caravan for a temporary period.

FILTHY AND VERMINOUS PREMISES

The problem of one aged person living alone and in unsatisfactory conditions was kept under observation during the year. It was not necessary to take any Statutory action but regular visits were necessary in an effort to maintain reasonable standards of cleanliness. No verminous premises were found.

RATS AND MICE DESTRUCTION

Under the provisions of the Prevention of Damage by Pests Act, 1949, the local authority is responsible for ensuring as far as possible that the district is kept free from rats and mice. Occupiers have a legal responsibility to notify the local authority if rats and mice are living on or resorting to their land and buildings in substantial numbers.

A further maintenance treatment of the Council's sewers was carried out, revealing as in recent years little evidence of rats. The refuse tip at Black Bull and the sewage works were treated as and when necessary.

The following table gives details of work undertaken during the year.

RATS AND MICE DESTRUCTION

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricultural
	(1) Local Authority	(2) Dwelling Houses (Including Council Houses)	(3) All Other (Including Business Premises)	(4) Total of Cols. (1), (2) & (3)	
I. Number of properties in Local Authority's District	3	3,813	240	4,056	193
II. Number of properties inspected as a result of:	—	19	3	22	3
(a) Notification					
(b) Survey under the Act	3	21	9	33	69
(c) Otherwise (e.g., when visited primarily for some other purpose.)	—	—	195	195	—
III. Total inspections carried out—including re-inspections	19	36	210	265	44
IV. Number of properties inspected (in Sect. II) which were found to be infested by:	—	—	—	—	—
(a) Rats					
(Minor)	2	20	5	27	4
(Major)	—	—	—	—	—
(b) Mice					
(Minor)	—	5	3	8	—
V. Number of infested properties (in Sect. IV) treated by the L.A.	2	22	6	30	4
VI. Total treatments carried out—including re-treatments ...	21	28	9	58	4

FACTORIES ACT, 1937

1. Inspections

Premises	Number on Register	Number of	
		Inspections	Written Notices
(i) Factories without mechanical power (S.1.2.3.4.6.)	1	1	—
(ii) Factories with mechanical power (S.7)	28	22	1
(iii) Other premises under the Act (excluding out-workers' premises)	4	8	—
(iv) Outworkers	27	—	—
Total ...	60	31	1

2. Cases in which Defects were Found

	Defects Found	Defects Remedied	Referred by H.M. Inspector
Sanitary Conveniences (S.7):			
(a) Insufficient	—	—	—
(b) Unsuitable or defective	2	1	—
(c) Not separate for sexes	—	—	—
Other offences	2	2	1
Total ...	4	3	1

SECTION E—HOUSING

Number of houses erected by Private Enterprise	42
Number of houses erected by Local Authority	8
Total ...	<u>50</u>

1. INSPECTION OF DWELLING HOUSES

1. (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts)	19
(b) Number of inspections for the purpose	103
2. (a) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	4
(b) Number (excluding those in sub-head 2 (a) above) found not to be in all respects reasonably fit for human habitation	8

2. Remedy of defects during the year without the Service of Formal Notices.

Number of houses where defects were remedied	9
--	---

3. Action under Statutory Powers.

(a) Notices served under Section 9 of the Housing Act, 1936	—
(b) Notices served under Public Health Acts requiring defects to be remedied	6
(c) Number of houses rendered fit after service of Formal Notices	1
(d) Proceedings under Section 16 of the Housing Act, 1957 ...	4
(e) Number of houses included under sub-head 3 (d) above, in respect of which an undertaking was accepted by the Council	2
(f) Number of Demolition Orders made	2
(g) Number of unfit houses demolished	16
(h) Number of Closing Orders made	—

Two Clearance Areas, namely Brown Lees Road and Mow Lane, which were confirmed by the Minister in December, 1957, were vacated during the year and 8 of the 12 properties demolished.

Four further individual unfit properties were represented to the Council during the year. Of these, undertakings to repair and reconstruct were accepted in respect of two, and demolition orders are to be served for the others. Very few unfit properties remain to be dealt with, approximately 14, but these will be represented in due course depending upon the availability of alternative accommodation for the occupiers.

The Council had only 2 bungalows under contract at the end of the year. When these are completed the present programme of rebuilding will also be complete. No further building is at present being contemplated.

Rent Act, 1957.—Four applications were made for certificates of disrepair of which 3 were granted and certificates issued.

Improvement Grants.—The Council does not operate the improvement grants scheme as at present existing, but when the proposed new legislation contained in the House Purchase and Housing Bill becomes law the payment of grants will be obligatory.

SECTION F

MEAT INSPECTION AND SLAUGHTERHOUSES

There are three licenced slaughterhouses in the district, all privately owned and used by four butchers resident in the area and one outside. The remaining butchers prefer to buy their meat from wholesalers in adjoining districts. The resumption of private slaughtering has created the important additional duties of meat inspection, and with slaughtering taking place at irregular hours and at week-ends, a considerable amount of time has to be given to this work. It is to be regretted that the Ministry has not taken steps to control hours of slaughter, particularly Sunday slaughtering. Despite all the difficulties associated with meat inspection and slaughterhouses a 100% inspection has been maintained.

Considerable new legislation concerning slaughtering and slaughterhouses was passed during the year, although some of the regulations did not come into force until 1st January, 1959. New Acts, &c., passed were: The Slaughterhouses Act, 1958; The Slaughterhouse (Hygiene) Regulations, 1958; The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958; The Slaughter of Animals Act, 1958; and the Pigs (Anaesthesia) Regulations, 1958.

These Acts and Regulations have been designed to improve the standards of construction and design of slaughterhouses, for the promotion of hygienic practices and for the prevention of cruelty.

FOOD HYGIENE

The Food Hygiene Regulations which came in force on 1st July, 1956, added a number of new provisions in respect of the hygienic handling of food and the construction and maintenance of premises, stalls, vehicles, &c., where food is handled. A further 26 premises were inspected and all food premises in the area have now been inspected under the new regulations. Of 128 food premises of all types, contraventions of the Regulations were found in 66 of them varying from absence of hot water supply, none provision of wash basin, defects in fittings and structures and unsatisfactory conditions of food rooms. Almost all these defects have now been remedied. Food traders generally are beginning to realise the importance of food hygiene, but there is still room for further improvement particularly in the methods of handling food.

ICE CREAM and PRESERVED FOOD PREMISES

Ice Cream.—There are 44 premises registered under the Food and Drugs Act, of which only 3 manufacture ice-cream, the remaining 41 sell a pre-packed product. Of the 3 manufacturers two produce a heat-treated ice-cream in accordance with the Heat Treatment Regulations and one produces a cold mix. Conditions of manufacture and storage were generally satisfactory.

Food Preparing Premises.—There are 11 premises registered under the Food and Drugs Act, 8 of which are butchers.

MILK SUPPLY

The sampling of milk for bacteriological cleanliness, biological testing and for analysis under the Food and Drugs Acts is carried out by the Staffordshire County Council through its milk sampling officers.

Since 1st October, 1954, when new regulations came into operation, only three types of milk may now be sold in the area, namely: "Tuberculin Tested," "Pasteurised" and "Sterilised." All milk sold retail is now bottled, with a resulting great reduction in the risk of contamination.

The number of licences issued under the various regulations for special designated milk is as follows:—

	Dealers' Licences	Supplementary Licences
Tuberculin Tested	14	8
Pasteurised	—	7
Sterilised	42	8

There is one dairy, other than producers' premises, registered under the Milk and Dairies Regulations, and 40 persons are registered as distributors of milk. A total of 38 visits and inspections was made to farms, dairies and milk shops.

FOOD PREMISES

The following is a summary of the various types of food premises in the area, together with details of the number of inspections made.

	Number of Premises	Number of Inspections
Ice Cream Premises	44	14
Butchers' Shops	13	39
General Food Premises	87	102
Bakehouses	4	7
Slaughterhouses	3	487
Canteens, Kitchens, &c.	14	15
Fried Fish and Chip Shops	4	18

CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and in- spected	15	624	1	1,396	629
All diseases except Tubercu- losis and Cysticeroci					
Whole carcasses con- demned	—	—	—	—	—
Carcases of which some part or organ was condemned	1	32	—	161	31
Percentages	6.6%	5.1%	—	11.5%	5%
Tuberculosis only					
Whole carcasses con- demned	—	1	—	—	—
Carcases of which some part or organ was condemned	—	86	—	—	9
Percentages	—	13.8%	—	—	1.4%
Cysticerocosis					
Carcases of which some part or organ was condemned	—	—	—	—	—

Weights Condemned

Meat (1 carcase of cow and 5 part carcasses)	905 lbs.
Offal (Head and tongue, lungs, liver, heart, &c.)	2,392 lbs.
Total ...	<u>3,297 lbs.</u>

All condemned meat is stained green before leaving the slaughterhouses and is disposed of for animal feeding purposes.

There are 17 men licensed to slaughter animals under the provisions of the Slaughter of Animals Acts.

The sampling of food and drugs under the Food and Drugs Acts is carried out by the Staffordshire County Council.

RAINFALL FOR 1958

These figures were kindly supplied by Mr. W. J. C. Lambert, Secretary of the Biddulph Grange Orthopaedic Hospital.

Month	Rainfall in inches	Month	Rainfall in inches
January	3.33	July	4.55
February	4.64	August	4.92
March	1.66	September	5.31
April	1.06	October	3.81
May	3.34	November	1.63
June	5.89	December	3.52

Total ... 43.66 inches.

